

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/516405

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

Amendment

Extension of Time

Notice of Appeal/Appeal

Petition

Issue

Cert of Correction/Terminal **REFUND COMPLETED
PCT NATIONAL DIVISION**

Maintenance

Assignment

☒ other Claims & multiple

7 TOTAL AMOUNT
OF REFUND

\$ 426

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 03--1550

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☒ No Fee Due (Explanation):

Claims were improper in multiple claims
**REFUND COMPLETED
PCT NATIONAL DIVISION**

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: JAMALA Holland

TITLE: Paralegal

SIGNATURE: J. Holland

PHONE: 703-308-9140

OFFICE: PCT

X209

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: